i								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001									A02001					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER SMALL		
TOTAL CLAIMS			38					RATI	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			3 € minus 20=		*	18		X\$ 9=			OR	X\$18=	324, 10	
INDEPENDENT CLAIMS			ju mi	nus 3 =	*	1/		X42=			OR	X84=	924.10	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+140=			OR	+280=	υ	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTA	L		OR	TOTAL	1400 2	
CLAIMS AS AMENDED - PART II												OTHER	100.00	
7-9-05 (Column 1) (Column 2) (Column 3)								SMAI	LLE	NTITY	OR	SMALL	ENTITY	
ENTA		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT A	Total	. 38	Minus	# 3	\mathcal{S}_{ℓ}	= /		X\$ 9	=		OR	X\$18=		
	Independent	- 14	Minus	*** /	7_	3/		X42=	-		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDEN'	T CLAIM		ı	+140	Ξ.		OR	+280=		
								TO	_		00	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		addit. F	tt I			AUDII. PEE	ادين حدا	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	-		OR	X\$18=		
	Independent	*	Minus	***	- 0:	-	П	X42:	=		OR	X84=		
A	FIRST PRESE	NTATION OF MU	JUITPLE DE	PENDEN	CLAIM		J	+140	=		OR	+280=		
								TO ADDIT. F			OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		-		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		8.		X42=			OR	X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		1	+140	-		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TO			OR	TOTAL	_	
***	If the "Highest Nu	mber Previously Pa mber Previously P aber Previously Pa	aid For" IN TH	IIS SPACE	is less tha	an 3, enter "3."		ADDIT. F		propriate bo		ADDIT. FEE olumn 1.		